

National Pollutant Discharge Elimination System (NPDES) CSO Discharge Monitoring Report (CSO DMR) State Form 50546 (R9-01)

City:		City of West Lafayette, Indiana											1	of	2									
Facility	<i>r</i> :			Wast	ewater Trea	ent Utility	Permit Number:						IN0024821											
Monitoring Period: (MM/DD/YY to MM/DD/YY)						/2006 to 2	Check box if no CSO dischage occurred						r the month	:										
Design Peak Inf. Flow (MGD): 18					Measured/Metered (M) or l						Estimated (E) must be specified. (Please at						tach methods used.)				-			
					CSO Outfall No. 007						cso	all No.	003	CSO Outfall No.			004							
			Influent	Peak Infl.	Time	М	Event		Event	м	Time		Event	м	Event	М	Time	М	Event	м	Event	м		
Day of Month	Day of Week	Precip. in Inches	Flow (MGD)	Flow Rate (MG)	Discharge Began	or E	Duration (Hours)	M or E	Discharge (MG)	or E	Discharge Began	M or E	Duration (Hours)	or E	Discharge (MG)	or E	Discharge Began	or E	Duration (Hours)	or E	Discharge (MG)	or E		
1	W		9.60	15.00		m	0.00	m	0.00	m														
2	Th		9.60	15.00		m	0.00	m	0.00	m														
3	F	0.11	10.10	23.00		m	0.00	m	0.00	m														
4	Sa	0.09	9.74	15.00		m	0.00	m	0.00	m														
5	Su	0.01	9.79	14.00		m	0.00	m	0.00	m														
6	М		9.51	16.00		m	0.00	m	0.00	m														
7	Tu		9.56	16.00		m	0.00	m	0.00	m												Ц		
8	W		9.65	16.00		m	0.00	m	0.00	m												Щ		
9	Th		9.65	16.00		m	0.00	m	0.00	m												Щ		
10	F		8.46	16.00		m	0.00	m	0.00	m												\sqsubseteq		
11	Sa		9.76	14.00		m	0.00	m	0.00	m														
12	Su		9.80	16.00		m	0.00	m	0.00	m												Н		
13	М		9.47	15.00		m	0.00	m	0.00	m												\vdash		
14	Tu		9.04	15.00		m	0.00	m	0.00	m												H		
15	W		8.92	18.00		m	0.00	m	0.00	m												H		
16	Th	0.35	14.05	35.00		m	0.00	m	0.00	m	6:30pm	M	1.92	М	0.01	М						\vdash		
17	F	0.60	11.35	18.00		m	0.00	m	0.00	m												H		
18	Sa		8.91	17.00		m	0.00	m	0.00	m												H		
20	Su		8.57	14.00		m	0.00	m	0.00	m												H		
21	M		9.61	15.00		m	0.00	m	0.00	m												H		
22	Tu W		9.76 9.19	17.00 15.00		m	0.00	m	0.00	m												H		
23	Th		9.46	16.00		m m	0.00	m m	0.00	m m												H		
	F		9.03	14.00		m		m	0.00	m												H		
25	Sa		8.56	13.00		m		m	0.00	m												Ħ		
26	Su		8.84	12.00		m	0.00	m	0.00	m														
27	M		9.02	15.00		m	0.00	m	0.00	m												Ħ		
28	Tu		9.05	15.00		m	0.00	m	0.00	m												Ħ		
29																						Ħ		
30																								
31																								
Totals:	an Daintad A	1.16	Title of Dui	nainal Fran	autius Offic		0.00		0.00				1.92		0.01		Talambana		0.00		0.00			
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Signatu	ure of Princ	ipal Execu	tive Office	er or Autho	rized Agent												Date							
																	2/24/2006							



National Pollutant Discharge Elimination System (NPDES) CSO Discharge Monitoring Report (CSO DMR) State Form 50546 (R9-01) Additional Outfalls Page

City:			City of West Lafayette, Indiana Page													2 of 2											
Facilit	ty:				٧	Vastewater	Tre	atment Uti	lity	ty				Permit Nun	er:			IN0024821									
Monit	oring l	Period: (MM/DD/YY to MM/DD/YY)								2/1/200	2/28/06	Check box	no CSO di	age occurre	ed f	or the mon	th:										
	Ī									Meas	d/Metered (or Estimate	E) must b	pecified. (PI	eas	se attach methods used.)											
		CSO Outfall No.				006		CSO O	outfall No.					CSO O	utfa	all No.				CSO Outfall No.							
Day of	Day of	Time Discharge	M or	Event Duration	M or	Event Discharge	M or	Time Discharge	M or	Event Duration	M or		M or	Time Discharge	M or	Event Duration	M or	Event Discharge	M or	Time Discharge	M or	Event Duration	M or	Event Discharge	or E		
Mo.	Wk.	Began	Е	(Hours)	Е	(MG)	E	Began	Е	(Hours)	Е	(MG)	Ε	Began	Е	(Hours)	Е	(MG)	Е	Began	Е	(Hours)	Е	(MG)	E		
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Турес	l or Pr	inted Name	an	d Title of I	Prin	cipal Execu	ıtive	Officer or	Au	thorized	Age	ent								Telephone							
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Signa	ture of	f Principal E	Exe	cutive Off	icer	or Authoriz	zed	Agent												Date 2/24/2006							